

<i>SERFF Tracking Number:</i>	<i>AMGN-127772374</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American General Life Insurance Company of Delaware</i>	<i>State Tracking Number:</i>	<i>50200</i>
<i>Company Tracking Number:</i>	<i>AGLC101520-2011 - PPVA APPLICATION</i>		
<i>TOI:</i>	<i>A03I Individual Annuities - Deferred Variable</i>	<i>Sub-TOI:</i>	<i>A03I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>AGLC101520-2011 - PPVA Application</i>		
<i>Project Name/Number:</i>	<i>AGLC101520-2011 - PPVA Application/</i>		

Filing at a Glance

Company: American General Life Insurance Company of Delaware

Product Name: AGLC101520-2011 - PPVA Application SERFF Tr Num: AMGN-127772374 State: Arkansas

TOI: A03I Individual Annuities - Deferred Variable SERFF Status: Closed-Approved-Closed State Tr Num: 50200

Sub-TOI: A03I.002 Flexible Premium Co Tr Num: AGLC101520-2011 - PPVA APPLICATION State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird
 Author: Karyn Enriquez
 Disposition Date: 11/09/2011
 Date Submitted: 11/05/2011
 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
 State Filing Description:

Implementation Date:

General Information

Project Name: AGLC101520-2011 - PPVA Application
 Project Number:
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:

Status of Filing in Domicile: Pending
 Date Approved in Domicile:
 Domicile Status Comments:
 Market Type: Individual
 Individual Market Type:
 Filing Status Changed: 11/09/2011
 State Status Changed: 11/09/2011
 Created By: Karyn Enriquez
 Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Karyn Enriquez

Filing Description:

RE: AGLC101520-2011 - PRIVATE PLACEMENT VARIABLE ANNUITY APPLICATION

Dear Sir/Madam:

This form is being submitted for your consideration and approval. This form is new and does not replace any form previously submitted to or approved by your Department.

SERFF Tracking Number: AMGN-127772374 State: Arkansas
Filing Company: American General Life Insurance Company of Delaware State Tracking Number: 50200
Company Tracking Number: AGLC101520-2011 - PPVA APPLICATION
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: AGLC101520-2011 - PPVA Application
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No part of this filing contains any unusual or possible controversial items from normal company or industry standards.

Upon approval, this application will be used with our Flexible Premium Variable Deferred Annuity products.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed form, including sequential ordering of the provisions, and type font, size and color.

The form has not been scored for readability since it will be used with a form considered as a security subject to federal regulation and therefore exempt from the Life and Health Insurance Policy Language Simplification Act.

If you have any questions or comments, please feel free to contact me.

Thank you for your attention and assistance with this submission.

Company and Contact

Filing Contact Information

Karyn Enriquez, karyn.enriquez@aglife.com
2929 Allen Parkway 713-831-2219 [Phone]
Mail Stop A38-40 713-342-7550 [FAX]
Houston, TX 77019

Filing Company Information

American General Life Insurance Company of CoCode: 66842 State of Domicile: Delaware
Delaware
600 King Street Group Code: 12 Company Type:
Wilmington, DE 19801 Group Name: State ID Number:
(713) 831-3508 ext. [Phone] FEIN Number: 25-1118523

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American General Life Insurance Company of Delaware	\$50.00	11/05/2011	53522468

SERFF Tracking Number: AMGN-127772374 State: Arkansas

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TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium

Product Name: AGLC101520-2011 - PPVA Application

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/09/2011	11/09/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Flexible Premium Variable Deferred Annuity Application	Karyn Enriquez	11/08/2011	11/08/2011

SERFF Tracking Number:	AMGN-127772374	State:	Arkansas
Filing Company:	American General Life Insurance Company of Delaware	State Tracking Number:	50200
Company Tracking Number:	AGLC101520-2011 - PPVA APPLICATION		
TOI:	A03I Individual Annuities - Deferred Variable	Sub-TOI:	A03I.002 Flexible Premium
Product Name:	AGLC101520-2011 - PPVA Application		
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Disposition

Disposition Date: 11/09/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMGN-127772374 State: Arkansas

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Company Tracking Number: AGLC101520-2011 - PPVA APPLICATION

TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium

Product Name: AGLC101520-2011 - PPVA Application

Project Name/Number: AGLC101520-2011 - PPVA Application/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form (<i>revised</i>)	Flexible Premium Variable Deferred		Yes
	Annuity Application		
Form	Flexible Premium Variable Deferred		Yes
	Annuity Application		

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Project Name/Number: AGLC101520-2011 - PPVA Application/

Amendment Letter

Submitted Date: 11/08/2011

Comments:

Upon our review of the submitted filing, we discovered that the form number on the forms schedule tab was entered with the numbers transposed. We have corrected the form number on the Forms Schedule to reflect the correct form number.

We apologize for any confusion this may have caused.

Thank you.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
AGLC101520-2011	Application/EFlexible Enrollment Form	Premium Variable Deferred Annuity Application	Initial					AGLC101520-2011_JohnDo e.pdf

SERFF Tracking Number: AMGN-127772374 State: Arkansas

Filing Company: American General Life Insurance Company of Delaware State Tracking Number: 50200

Company Tracking Number: AGLC101520-2011 - PPVA APPLICATION

TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium

Product Name: AGLC101520-2011 - PPVA Application

Project Name/Number: AGLC101520-2011 - PPVA Application/

Form Schedule

Lead Form Number: AGLC105120-2011

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AGLC101520-2011	Application/ Flexible Premium Enrollment Form	Variable Deferred Annuity Application	Initial			AGLC101520 - 2011_JohnDo e.pdf

American General Life Insurance Company of Delaware, Wilmington, DE

Home Office: Wilmington, DE

Instructions: Please type or **print** in black ink.

1. Owner

(If additional space is needed use Section 9, Additional Instructions and check this box. ☐)

☒ **Individual**

Name (FIRST, MI, LAST): Mr/Mrs/Ms John H. Doe

Sex: ☒ Male ☐ Female **Date of Birth** (MM/DD/YYYY): 04 / 01 / 1973 **Age:** 35

Phone Number (DAYTIME): (111) 555-1212 **SSN/TAX ID:** 123-45-6789

U.S. Citizen or Permanent Resident (Green Card holder) ☐ yes ☐ no

Country of Citizenship _____ Date of Entry _____ Visa Type _____ (Copy of Visa Required)

Address (STREET): 123 Any Street

City: My Town **State:** USA **Zip:** 10000

Owner's Email Address (If NONE, ENTER NA): _____

**If Owner/Annuitant/Payee is a person and neither a U.S. citizen nor a U.S. resident, explain residency and citizenship under Section 9, Additional Instructions.*

☐ **Joint Owner (Owners are joint tenants with rights of survivorship.) (Non-Qualified Only.)**

Name (FIRST, MI, LAST): Mr/Mrs/Ms _____

Sex: ☐ Male ☐ Female **Date of Birth** (MM/DD/YYYY): ____ / ____ / ____ **Age:** _____ **SSN/TAX ID:** _____

U.S. Citizen or Permanent Resident (Green Card holder) ☐ yes ☐ no

If no, Country of Citizenship _____ Date of Entry _____ Visa Type _____ (Copy of Visa Required)

Address (STREET): _____

City: _____ **State:** _____ **Zip:** _____ **Relationship to Owner:** _____

☐ **Trust** ☐ **Corporation** ☐ **Partnership** ☐ **Other** _____

Full Name _____

Phone Number: (____) _____ **Tax or Employer ID Number:** _____

Address (STREET): _____

City: _____ **State:** _____ **Zip:** _____

Trustee's Name (IF TRUST IS NAMED): _____ **Date of Trust** (MM/DD/YYYY): ____ / ____ / ____

(If additional space is needed use Section 9, Additional Instructions and check this box. ☐)

2. Annuitant

(Complete if Owner and Annuitant are different.)

Name (FIRST, MI, LAST): Mr/Mrs/Ms _____

Sex: ☐ Male ☐ Female **Date of Birth** (MM/DD/YYYY): ____ / ____ / ____ **SSN/TAX ID:** _____

Address (STREET): _____

City: _____ **State:** _____ **Zip:** _____ **Relationship to Owner:** _____

3. Beneficiary Information

(If more than one Beneficiary, proceeds will be divided equally unless otherwise indicated.)

Name: Janet Doe ☒ **Primary** ☐ **Contingent**

100 % **SSN/Tax ID:** 123-45-9867 **Relationship to Owner:** daughter **Date of Birth** _____

Name: _____ ☐ **Primary** ☐ **Contingent**

_____ % **SSN/Tax ID:** _____ **Relationship to Owner:** _____ **Date of Birth** _____

If more than 2 Beneficiaries, list in Section 9, Additional Instructions, or on a separate sheet signed by the Owner and check this box. ☐

4. Premium Payment

CHECKS MUST BE MADE PAYABLE TO **AMERICAN GENERAL LIFE INSURANCE COMPANY OF DELAWARE**.

Do not make checks payable to the agent or leave payee blank.

Premium Payment: \$ 100,000.00 Premium Type: ☐ Single ☐ Annual

Method: (check all that apply) ☒ \$1035 Exchange/Trustee Transfer ☐ Check attached ☐ Wire transfer

Source of Premium: ☒ Nonqualified ☐ IRA ☐ Other _____

☐ Qualified* (plan type/name) _____

Cost Basis: _____

* Qualified: Funds from a retirement plan such as Keogh/HR-10, 401(k), 403(b), 401(a) Defined Benefit, Money Purchase or Profit Sharing plan.

5. Annuity Product

(Select one of the following.)

☒ Premier PPVA 3(c)(7) ☐ Premier PPVA II 3(c)(1) ☐ Other _____

6. Type of Annuity

(Select one of the following.) (Not all products qualify for all sections.)

Type of Annuity requested: ☒ Non-qualified ☐ Tax Qualified Plans: ☐ Traditional IRA ☐ Roth IRA
☐ Other _____

7. Replacement (This section must be completed in its entirety)

Do you have any existing or pending annuity contract or life insurance policy? ☐ Yes ☒ No

Is this annuity intended to replace or change any existing annuity contract or life insurance policy?* ☐ Yes ☒ No

If you answered "yes" to question 2, always complete any applicable replacement forms required by the state. Except, however, there are certain states requiring completion of the replacement notice form even when existing or pending life insurance or annuities are not being replaced by the annuity contract being applied for; in these states, complete the replacement notice form when you answered "yes" to question 1 regardless of how you answered question 2.

* "Replace" means that the annuity contract being applied for may replace, change or use monetary value from an existing or pending life insurance policy or annuity contract.

8. Investment Divisions

In the "Net Premium Allocation" column, indicate how each premium is to be allocated. In the "Deduction Allocation" column, indicate which investment division(s) is to be used for the deduction of monthly charges. Some divisions have minimum allocation and/or redemption requirements. Please refer to the Prospectus (Class A) or Private Placement Memorandum (Class B) for each division for details. Total allocations must equal 100%. Use whole numbers only.

	Net Premium Allocation	Deduction Allocation
CLASS A DIVISIONS		
[Fidelity VIP Money Market Portfolio]	_____ %	<u>100</u> %
_____	_____ %	_____ %
_____	_____ %	_____ %
CLASS B DIVISIONS^{1,2}		
[SALLI Providence Insurance Fund]	<u>50</u> %	Not Allowed
[Titan Legacy M, L.P. Series A]	<u>50</u> %	Not Allowed
_____	_____ %	Not Allowed
TOTAL	_____ %	TOTAL _____ %

¹ Monthly charges may not be deducted from Class B Divisions. If selected for the Net Premium Allocation, a sufficient value of the total premium must be allocated outside of these divisions to cover Monthly Deductions.

² If choosing a Class B Division(s), it is important that you carefully read the disclosure documents, which present information about the limitations for transferability, withdrawals and disbursements, including, but not limited to, the payment of death benefits.

9. Additional Instructions

10. Client Signatures

Statement of Proposed Owner

The statements made in this application are true and correct to the best of my knowledge and belief. I agree that this Application Form, if attached, shall be a part of any Contract issued by the Company. Further:

- I acknowledge receipt of the Private Placement Memorandum for this variable annuity and the Private Placement Memorandum(s) and/or Prospectus(s) for the underlying investment divisions I have selected.
- After consulting with my registered representative and reviewing the Private Placement Memorandum, I confirm that this variable annuity is suitable for my objectives and needs.
- I acknowledge that with regard to my choice(s) of any Class B Division(s), that I have received, carefully read, and understand the disclosure documents(s) provided for the Division(s), and that I am fully aware, accept and consent to the limited provisions for transferability, withdrawals and disbursement related to those Division(s), including any which relate to the payment of death benefits.
- I understand that all values provided by the Contract, when based on the investment experience of Investment Divisions under a Separate Account, may increase or decrease, are variable and are not guaranteed as to dollar amount by the Company, the U.S. Government or any State Government; are not federally insured by the FDIC, the Federal Reserve Board or any other agency, Federal and State.
- I understand that the Company reserves the right to allocate my initial net premium to the Money Market Division until the first Business Day following the 30th day after it has been applied.

Signed at _____ City _____ State _____

John Doe

John Doe

11/01/2011

Owner Name

Owner's Signature

Date

Joint Owner's Name

Joint Owner's Signature (if applicable)

Date

11. Agent Signatures (This section must be completed in its entirety)

FOR AGENT: Does the owner have any existing or pending annuity or life insurance contracts? ☐ Yes* ☐ No

To the best of your knowledge, is this annuity being purchased to replace or change any existing insurance or annuity? ☐ Yes* ☐ No

* If yes, please complete any applicable replacement forms required by the state.

I certify that I have truthfully and accurately recorded on the application the information supplied by the Owner(s).

X *Joe Agent*

Agent/Broker Signature

Joe Agent

Printed Name

Agent Address

Agent Telephone Number

Broker/Dealer Firm Name

Agent Email Address

Disclosures

For Arizona Residents Only: Upon written request, we will provide you with factual information regarding the benefits and provisions of the annuity contract for which you are applying. If you are not satisfied with your annuity contract for any reason, you may return it within 20 days (30 days if you were age 65 or above on the date of application) after receipt for a refund of premium.

REDEMPTIONS FROM OPTIONAL RETIREMENT PROGRAMS AND OTHER PLANS: Distributions from employer-sponsored retirement programs, including Optional Retirement Programs, will be subject to any limitations imposed by the plan.

For Louisiana Optional Retirement Program Participants Only: For participants in the Louisiana Optional Retirement Program, withdrawals are limited by the plan and must take the form of an annuity payable over your lifetime or the joint lifetime of you and your beneficiary.

For Texas Optional Retirement Program Participants Only:

- Benefits in the Texas Optional Retirement Program vest after one year and one day of participation in one or more optional retirement plans.
- Benefits under the Texas Optional Retirement Program are available to you only after you attain the age of 70 ½ years, or terminate participation by death, retirement, or termination of employment in all Texas institutions of higher education.
- AGL will require written verification from the program administrator of your qualification for any requested redemption of any annuity benefits purchased under the Texas Optional Retirement Program.

FRAUD WARNING (Please check the box next to the appropriate signature state if listed.)

- ☐ **Arkansas, North Dakota, Ohio, South Dakota, Texas and Washington Residents Only:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which may be a crime and may subject the person to civil and criminal penalties.
- ☐ **District of Columbia, Colorado, Kentucky, New Mexico and Pennsylvania Residents Only:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- ☐ **Florida Residents Only:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information, is guilty of a felony of the third degree.
- ☐ **Louisiana and Massachusetts Residents Only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ☐ **Maryland Residents Only:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ☐ **New Jersey Residents Only:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- ☐ **Oklahoma Residents Only:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- ☐ **Tennessee Residents Only:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- ☐ **Maine and Virginia Residents Only:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

In all other states: Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

USA PATRIOT ACT (This notice is printed in compliance with Section 326 of the USA Patriot Act)

IMPORTANT INFORMATION ABOUT PROCEDURES FOR APPLYING FOR AN INSURANCE POLICY OR ANNUITY CONTRACT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions, including insurance companies, to obtain, verify, and record information that identifies each person who opens an account, including an application for an insurance policy or annuity contract.

What this means for you: When you apply for an insurance policy or annuity contract, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

SERFF Tracking Number: AMGN-127772374 State: Arkansas
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TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: AGLC101520-2011 - PPVA Application
Project Name/Number: AGLC101520-2011 - PPVA Application/

Supporting Document Schedules

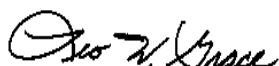
		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments: The form has not been scored for readability since it will be used with a form considered as a security subject to federal regulation and therefore exempt from the Life and Health Insurance Policy Language Simplification Act. Compliance Certifications are attached			
Attachments: AR Cert_Comp.pdf Cert of Compliance with Reg 19.pdf			
		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	Filing is for application approval. Application form is attached under the "Forms Schedule" tab.		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Life & Annuity - Acturial Memo		
Bypass Reason:	N/A - Form only filing.		
Comments:			

AMERICAN GENERAL LIFE INSURANCE COMPANY OF DELAWARE

ARKANSAS CERTIFICATION OF COMPLIANCE

		Y/N	NA
Arkansas Code 23-79-138	Required Policy Information		X
Rule and Regulation 49	Life And Disability Insurance Guaranty Fund Notices		X
Rule and Regulation 19	Unfair Sex Discrimination in the Sale of Insurance		X
Rule and Regulation 33	Variable Life Insurance		X
	Licensing and approval to do business		X
	Qualification of Insurer to Issue Variable Life Insurance		X
	Article IV. Insurance Policy Requirements		X
	Article V. Reserve Liabilities for Variable Life Insurance		X
	Article VI. Separate Accounts		X
	Article VII. Information Furnished to Applicants		X
	Article VIII. Applications		X
	Article IX. Reports to Policyholders		X
	Article X. Foreign Companies		X
	Article XI. Qualifications of Agents for the Sale of Variable Life Insurance		X
	Article XII. Separability Article		X
	Article XIII. Supersession of Conflicting Regulations		X
Rule and Regulation 34	Universal Life Insurance (Sections 1-12)		X
	Valuation		X
	Nonforfeiture		X
	Mandatory Policy Provisions		X
	Disclosure Requirements		X
	Periodic Disclosure to Policyowner		X
	Interest Indexed Universal Life Policies		X
	Severability		X
Arkansas Bulletin 11-83	Guidelines for non-guaranteed costs on participating and non-participating life insurance		X
	Current and Guaranteed Cost Of Insurance Rates		X
	Minimum/Maximum Interest Rate Range		X
	Minimum Rate:		
	Maximum Rate:		

I hereby certify that form(s) AGLC101520-2011 is in compliance with those relevant Arkansas laws and regulations cited above.




Leo W. Grace
Director, Product Development

**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: AMERICAN GENERAL LIFE INSURANCE COMPANY OF DELAWARE

Form Number(s): AGLC101520-2011

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Leo W. Grace

Name

Vice President

Title

November 4, 2011

Date

SERFF Tracking Number: AMGN-127772374 State: Arkansas

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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
11/04/2011	Form	Flexible Premium Variable Deferred Annuity Application	11/08/2011	AGLC101520-2011_JohnDoe.pdf